

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

SCANNED

For Office Use Only

(Revised 7-1-15)

Zoning Official WJ

Building Official JH

AP# 44600

Date Received 2/25/20

By MG

Permit # 39588

Flood Zone _____

Development Permit _____

Zoning _____

Land Use Plan Map Category _____

Comments _____

FEMA Map# _____

Elevation _____

Finished Floor _____

River _____

In Floodway _____

☒ Recorded Deed or ☒ Property Appraiser PO

☒ Site Plan

☒ EH # 19-0358

☐ Well letter OR

☒ Existing well

☐ Land Owner Affidavit

☒ Installer Authorization

☐ FW Comp. letter

☒ App Fee Paid

☐ DOT Approval

☐ Parent Parcel # _____

☐ STUP-MH

☒ 911 App

☐ Ellisville Water Sys

☒ Assessment

☒ Out County

☒ In County

☐ Sub VF Form

owed for 2nd home

Property ID # 17-35-17-04967-017 Subdivision Five Points Acres Lot# 17

☐ New Mobile Home ☒ Used Mobile Home X MH Size 16X66 Year 2001

☐ Applicant Usne Shepard Phone # 386-963-4298

☐ Address 3360 150th PL Lake City FL 32024

☐ Name of Property Owner William R. Price Phone# 407-448-0953

☐ 911 Address 417 Diana Ternall Lake City FL 32055

☐ Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Duke Energy

☐ Name of Owner of Mobile Home William R. Price Phone # 407-448-0953
386-963-4298

Address 3360 150th Place Lake City FL 32024

☐ Relationship to Property Owner Self

☐ Current Number of Dwellings on Property 1 + proposed

☐ Lot Size 1.02 Total Acreage 1.02

☐ Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)
(Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)

☐ Is this Mobile Home Replacing an Existing Mobile Home Yes

☐ Driving Directions to the Property 441 to NE Tammy Lane take Right on NE Tammy Lane FL on Dianna

☐ Name of Licensed Dealer/Installer William R. Price Phone # 407-448-0953

☐ Installers Address 3360 150th PL Lake City FL 32024

☐ License Number 14-1011936 Installation Decal # 68296

Horton
JESSIE called 3.25.20 - PRE-MH Exit 1
LN-LPTVM 3/10/20

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

Installer: William E. Price license # 1H-1041936

Address of home being installed

417 Diana Terrace
Lake City FL 32035

Manufacturer

Length x width

16x46

NOTE:

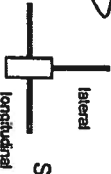
if home is a single wide fill out one half of the blocking plan
I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials

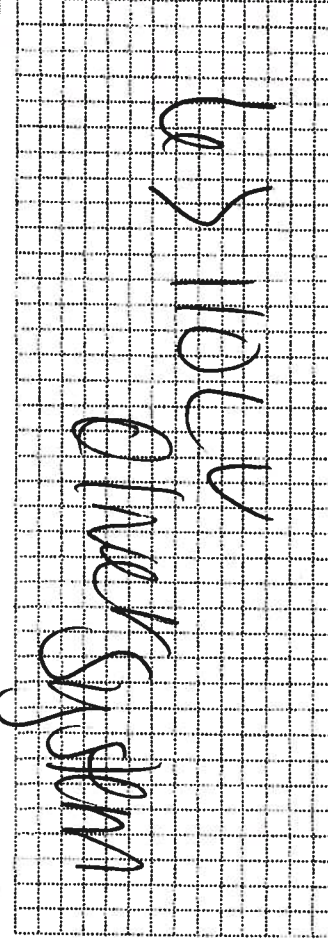
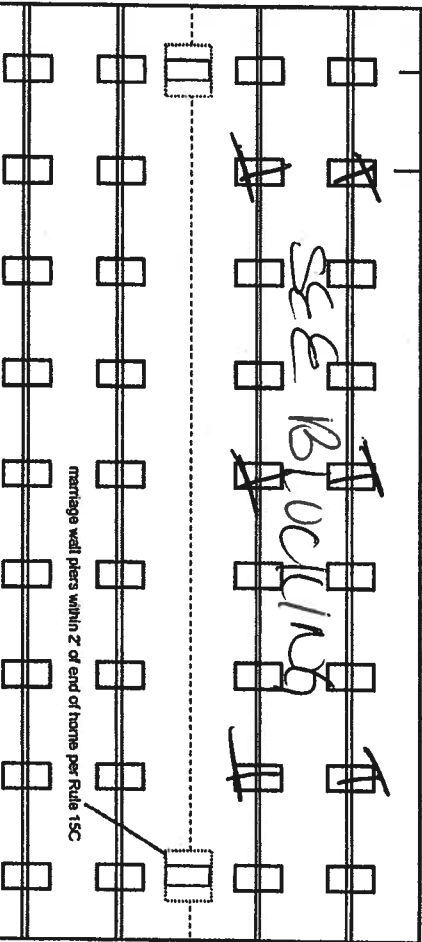
[Signature]

Typical pier spacing

2'



Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)



New Home ☐ Used Home ☒

Home installed to the Manufacturer's Installation Manual
Home is installed in accordance with Rule 15-C

Single wide

Wind Zone II ☒

Wind Zone III ☐

Double wide

Installation Decal #

44296

Triple/Quad

Serial #

16L22313

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	16" x 16" (256)	18 1/2" x 18 1/2" (342)	20" x 20" (400)	22" x 22" (484)	24" x 24" (576)	26" x 26" (676)
1000 psf	3'	4'	5'	6'	7'	8'	8'
1500 psf	4'6"	6'	7'	8'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7'6"	8'	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'	8'

* Interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

17x25

Pad Size	Sq In
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

I-beam pier pad size

16x16

Perimeter pier pad size

16x16

Other pier pad sizes (required by the mfg.)

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.



List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening

Pier pad size

4 ft XC 5 ft

FRAME TIES

within 2' of end of home spaced at 5' 4" oc

TIEDOWN COMPONENTS

OTHER TIES

Longitudinal Stabilizing Device (LSD)
Manufacturer
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

Sidewall
Longitudinal Marriage wall
Shearwall

Number

12

WATER TECH

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to _____ psf or check here to declare 1000 lb. soil XX without testing.

x 1000

x 1000

x 1000

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

TORQUE PROBE TEST

The results of the torque probe test is 280 inch pounds or check here if you are declaring 5' anchors without testing. A test showing 275 inch pounds or less will require 5 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may require anchors with 4000 lb. holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

William E. Mares

Date Tested

5/15/19

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. 2

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 2

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 2

Site Preparation

Debris and organic material removed 90% Yes
Water drainage: Natural Swale Pad XX Other Yes

Fastening multi wide units

Floor: Type Fastener: _____ Length: _____ Spacing: _____
Walls: Type Fastener: _____ Length: _____ Spacing: _____
Roof: Type Fastener: _____ Length: _____ Spacing: _____
For used homes a min. 3d gauge, 8" wide galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mildew, mold and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Installer's initials

Type gasket

Not installed

Installed:

Between Floors Yes _____

Between Walls Yes _____

Bottom of ridgebeam Yes _____

Weatherproofing

The bottomboard will be repaired and/or taped. Yes _____ Pg. 2
Siding on units is installed to manufacturer's specifications. Yes _____
Fireplace chimney installed so as not to allow intrusion of rain water. Yes _____

Miscellaneous

Skirting to be installed. Yes Yes No _____
Dryer vent installed outside of skirting. Yes Yes N/A _____
Range downflow vent installed outside of skirting. Yes Yes N/A _____
Drain lines supported at 4 foot intervals. Yes _____
Electrical crossovers protected. Yes Yes _____
Other: _____

Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and on Rule 15C-1 & 2

Installer Signature

[Signature]

Date 5/15/19

Price

417 Diaria 1era

16x46

Columbia
Secondary

License Number: IH / 1041936 / 1 Name: WILLIAM R PRICE

Order #: 4262	Label #: 68296	Manufacturer:	(Check Size of Home)
Homeowner:		Year Model:	Single _____
Address:		Length & Width:	Double _____
City/State/Zip:		Type Longitudinal System:	Triple _____
Phone #:		Type Lateral Arm System:	HUD Label #:
Date Installed:		New Home: _____ Used Home: _____	Soil Bearing / PSF:
Installed Wind Zone:		Data Plate Wind Zone:	Torque Probe / in-lbs:
Note:		Permit #:	

STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL

68296

LABEL #

DATE OF INSTALLATION

WILLIAM R PRICE

NAME

IH / 1041936 / 1

4262

LICENSE #

ORDER #

CERTIFIES THAT THE INSTALLATION OF THIS MOBILE HOME IS
IN ACCORDANCE WITH FLORIDA STATUTES 320.8249, 320.8325
AND RULES OF THE HIGHWAY SAFETY AND MOTOR VEHICLES.

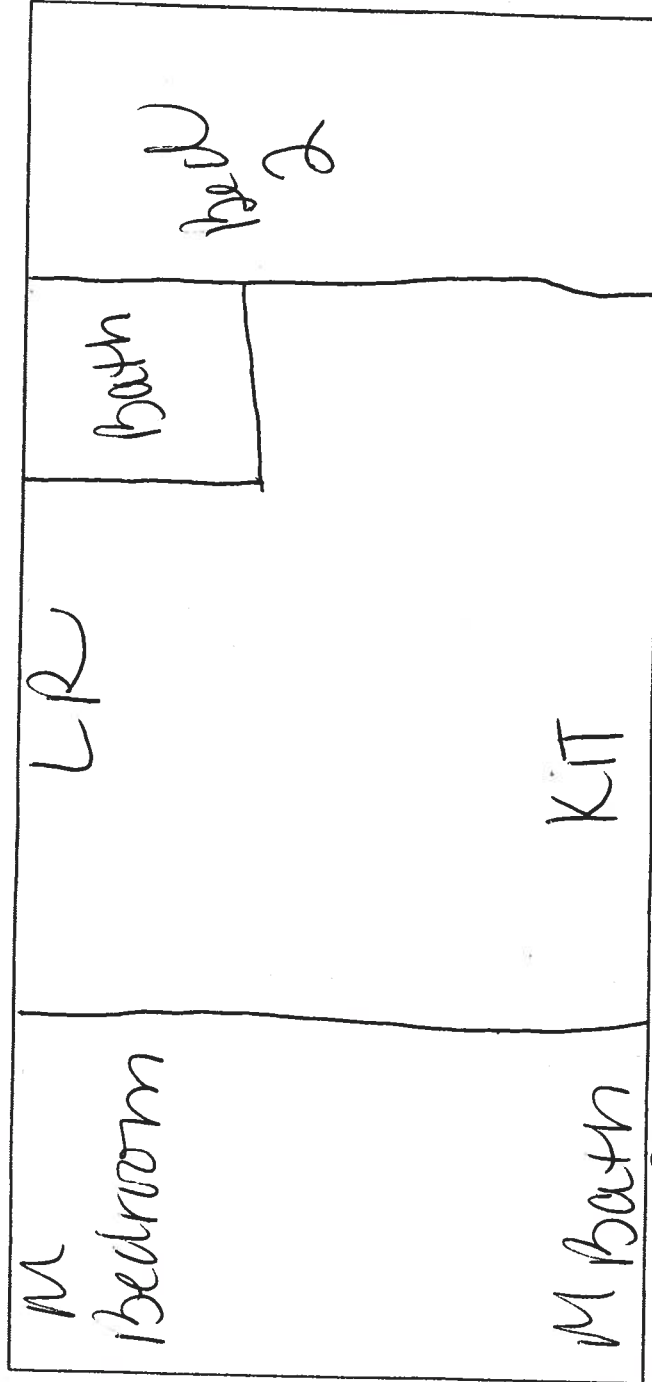
PLEASE WRITE
INSTALLATION AND AFFIX
LABEL NEXT TO HUD LABEL.
USE PERMANENT INK PEN
OR MARKER ONLY.
COMPLETE INFORMATION
ABOVE AND KEEP ON FILE
FOR A MINIMUM OF 2 YEARS.

TO
WHEN

Proposed 16x60 SW MH
417 Diana Ter NE
Lake City FL

FLOORPLAN

LENGTH 60



WIDTH 16

BEDROOMS 2 & SQ FOOTAGE OF LIVING AREA _____ or Bldg SQ FOOTAGE 1050

PLEASE NOTE THAT A FLOORPLAN OF YOUR HOME OR STRUCTURE IS REQUIRED. WE DO NOT REQUIRE ACTUAL BLUEPRINTS. IF YOUR DEALER HAS PROVIDED A FLOORPLAN, WE PREFER IT. IF NOT, PLEASE SKETCH ONE SHOWING OUTSIDE DIMENSIONS AND INSIDE ROOM LAYOUT.

SHEDS, STORAGE, OR OTHER BLDGS MAY BE NOTED AS OPEN FLOORPLAN with no bedrooms or bathrooms

DATE: 4/26/19 SUBMITTED BY: [Signature]

417



**BUILDING DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT**

Application # 44600

COUNTY THE MOBILE HOME IS BEING MOVED FROM Suwannee
 OWNERS NAME William Price PHONE 4074480953 CELL 8869634298
 INSTALLER William Price PHONE 4074480953 CELL 8869634298
 INSTALLERS ADDRESS 3360 150th pl Lake City FL 32024

MOBILE HOME INFORMATION

MAKE Liberty YEAR 2001 SIZE 16 X 66
 COLOR cream/red SERIAL No. _____
 WIND ZONE II SMOKE DETECTOR yes

INTERIOR: FLOORS OK

DOORS OK

WALLS OK

CABINETS OK

ELECTRICAL (FIXTURES/OUTLETS) OK

EXTERIOR: WALLS / SIDING OK

WINDOWS OK

DOORS OK

INSTALLER: APPROVED XX NOT APPROVED _____

INSTALLER OR INSPECTORS PRINTED NAME William Price

Mobile Home Installer Signature [Signature] License No. JA-1041936 Date 2/20/2020

NOTES: _____

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

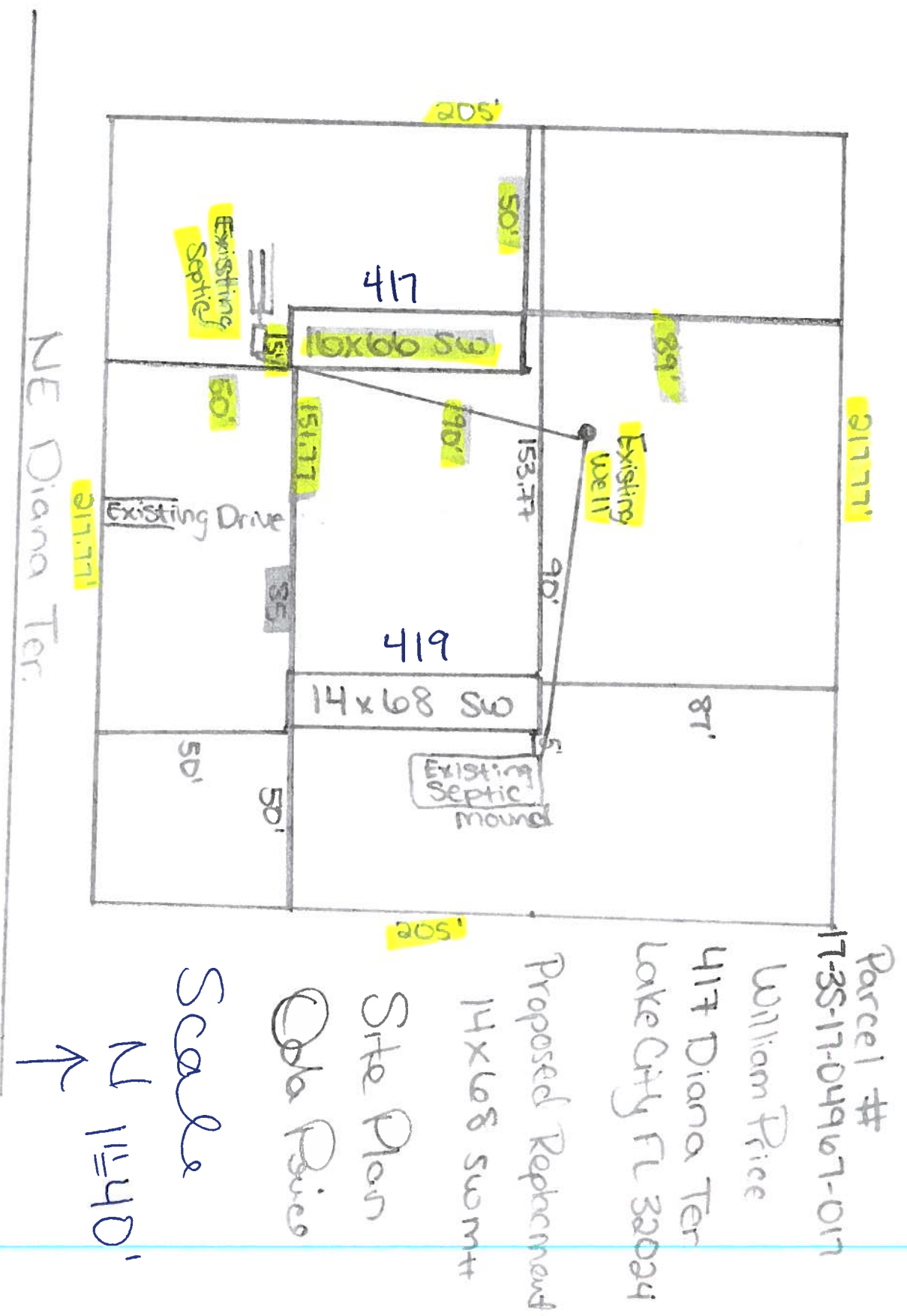
BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-758-1008 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

FOR OFFICE USE

Building Inspectors Signature [Signature] Date 3/10/20

Left message



Parcel #

17-35-17-04967-017

William Price

417 Diana Ter

Lake City FL 32024

Proposed Replacement

14x68 summt

Site Plan

Colo Price

Scale

N 1"=40'



Columbia County Property Appraiser

Jeff Hampton

2020 Working Values

updated: 2/11/2020

Parcel: << 17-3S-17-04967-017 >>

Owner & Property Info

Result: 1 of 1

Owner	PRICE WILLIAM R 3360 150TH PL LAKE CITY, FL 32024		
Site	417 DIANA TER, LAKE CITY		
Description*	LOT 17 FIVE POINTS ACRES S/D. ORB 417-445, 448-91, 494-016, 497-160, 676-602-608, 85-738-CA, QC 1121-551, QC 1382-2657,		
Area	1.02 AC	S/T/R	17-3S-17
Use Code**	MOBILE HOM (000202)	Tax District	2

*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.

**The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

Property & Assessment Values

2019 Certified Values		2020 Working Values	
Mkt Land (4)	\$11,916	Mkt Land (4)	\$11,916
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (2)	\$7,000	Building (2)	\$7,344
XFOB (0)	\$0	XFOB (0)	\$0
Just	\$18,916	Just	\$19,260
Class	\$0	Class	\$0
Appraised	\$18,916	Appraised	\$19,260
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$18,916	Assessed	\$19,260
Exempt	\$0	Exempt	\$0
Total	county:\$18,072	Total	county:\$19,260
Taxable	city:\$18,072	Taxable	city:\$19,260
	other:\$18,072		other:\$19,260
	school:\$18,916		school:\$19,260

Aerial Viewer Pictometry Google Maps

2019 2016 2013 2010 2007 2005 Sales



Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
4/22/2019	\$100	1382/2657	QC	I	U	11
6/7/2007	\$100	1121/0551	QC	I	U	01

Building Characteristics

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	1	MOBILE HME (000800)	1972	732	844	\$5,101
Sketch	3	MOBILE HME (000800)	1970	624	624	\$2,243

*Bldg Desc determinations are used by the Property Appraisers office solely for the purpose of determining a property's Just Value for ad valorem tax purposes and should not be used for any other purpose.

Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
NONE						

Land Breakdown

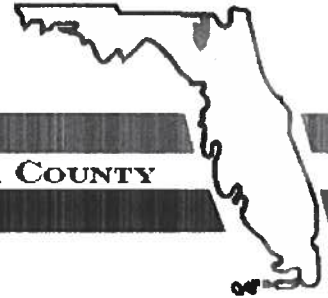
Land Code	Desc	Units	Adjustments	Eff Rate	Land Value
000200	MBL HM (MKT)	0.510 AC	1.00/1.00 1.00/1.00	\$7,271	\$3,708
000200	MBL HM (MKT)	0.510 AC	1.00/1.00 1.00/1.00	\$7,271	\$3,708
009945	WELL/SEPT (MKT)	1.000 UT - (0.000 AC)	1.00/1.00 1.00/1.00	\$3,250	\$3,250
009947	SEPTIC (MKT)	1.000 UT - (0.000 AC)	1.00/1.00 1.00/1.00	\$1,250	\$1,250

Search Result: 1 of 1

© Columbia County Property Appraiser | Jeff Hampton | Lake City, Florida | 386-758-1083

by: GrizzlyLogic.com

District No. 1 - Ronald Williams
District No. 2 - Rocky Ford
District No. 3 - Bucky Nash
District No. 4 - Toby Witt
District No. 5 - Tim Murphy



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

Address Assignment and Maintenance Document

To maintain the county wide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for addressing and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Services Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County

Date/Time Issued: **2/26/2020 2:51:02 PM**

Address: **417 NE DIANA Ter**

City: **LAKE CITY**

State: **FL**

Zip Code **32055**

Parcel ID **04967-017**

REMARKS: Address Verification.

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION AND ACCESS INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION AND/OR ACCESS INFORMATION BE FOUND TO BE IN ERROR OR CHANGED, THIS ADDRESS IS SUBJECT TO CHANGE.

Address Issued By: **Signed:/ Matt Crews**

Columbia County GIS/911 Addressing Coordinator

**COLUMBIA COUNTY
911 ADDRESSING / GIS DEPARTMENT**

263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125

Email: gis@columbiacountyfla.com

When recorded, mail to:

Name: William Roy Price
Address: 3360 150th Place
City/State/Zip Code: Lake City FL
32024

Inst: 201912009271 Date: 04/22/2019 Time: 11:45AM
Page 1 of 2 B: 1382 P: 2657, P. DeWitt Cason, Clerk of Court
Columbia, County, By: BD
Deputy Clerk Doc Stamp-Deed: 0.70

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS:

That I(we), Carol Wladford
14379 US Hwy 90 Sanderson Florida 32087

the undersigned releasor(s), for the consideration of Ten Dollars (\$10.00), and other valuable considerations, by these presents, do hereby release, remise and forever quitclaim unto William R. Price

3360 150th Place Lake City FL 32024

all rights, title and interest in that certain real property situated in the County of Columbia, State of Florida, and legally described as follows:

Lot 17 of Five Point Acres a
recorded Subdivision of Columbia County
Florida

ORB1121 Page 551

IN WITNESS WHEREOF, I(we) have hereunto set my(our) hand(s) and seal(s) this 22 day of April, 2019.

Carol Wadford
Printed Name of Releasor

Carol Wadford
Signature of Releasor

Printed Name of Co-Releasor

Signature of Co-Releasor

Jay Cannon
Signature of Witness No. 1
Jennifer Cannon
Printed Name of Witness No. 1

Wanda Strickland
Signature of Witness No. 2
Wanda Strickland
Printed Name of Witness No. 2

1468 SW MAIN BLVD STE 105
Address

1468 SW MAIN BLVD STE 105
Address

WAKE CITY FL 32025
City/State/Zip Code

WAKE CITY FL 32025
City/State/Zip Code

Acknowledgment

State of FLORIDA)
County of COLUMBIA) ss.

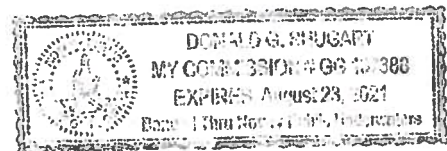
The foregoing instrument was acknowledged before me, the undersigned Notary Public, this 22 day of April, 2019, by CAROL WADFORD, known to me to be the individual(s) who executed the foregoing instrument and acknowledged the same to be his(her)(their) free act and deed.

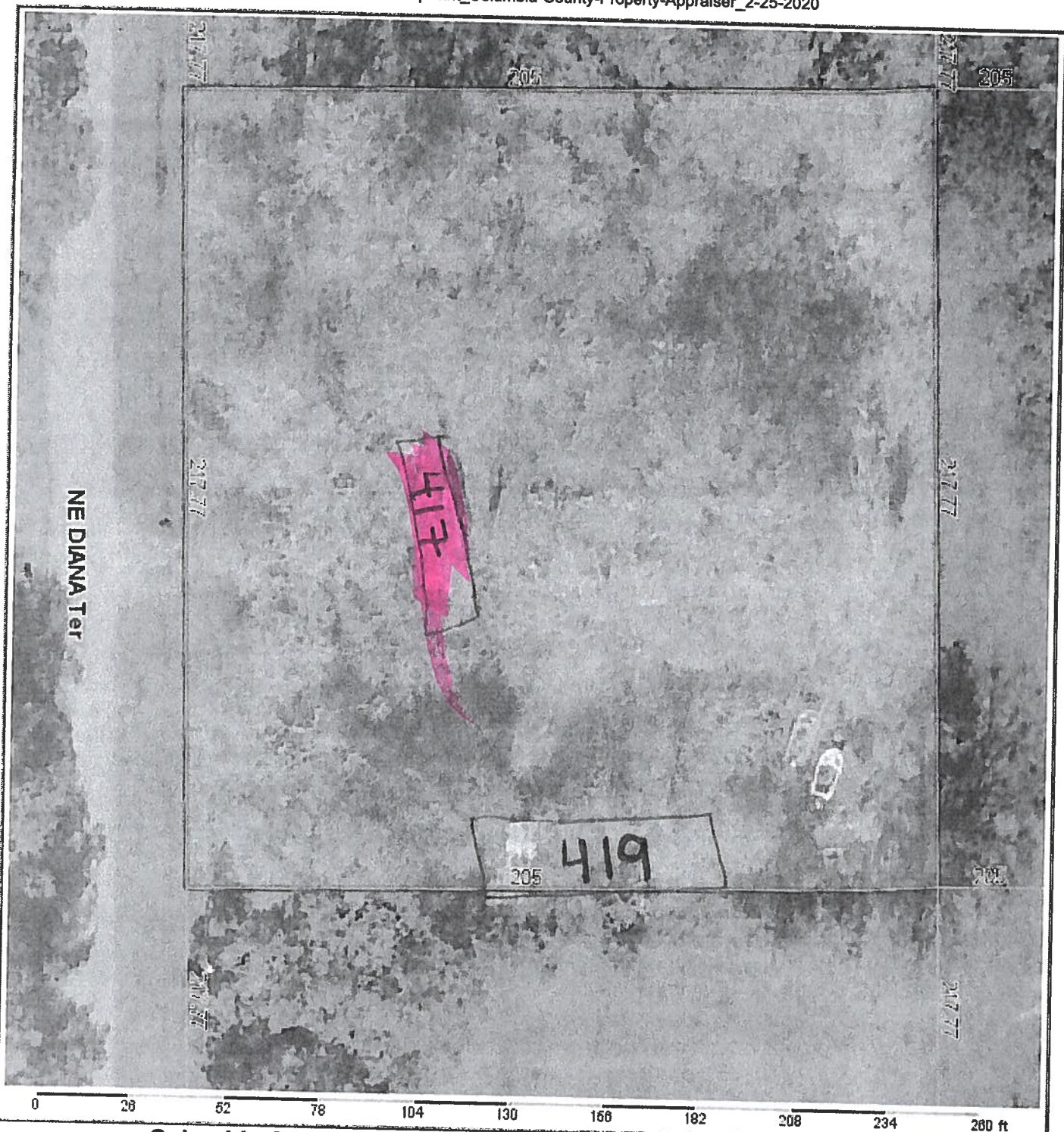
My Commission Expires: 8-23-2021 (DE-S)
4-22-2019 (DE-S)

Donald G. Hubbard
Notary Public

If acknowledged in the State of Florida, complete the section below:

(check one) [] Personally Known. [☒] Produced Identification.
Type of Identification produced: FLORIDA DRIVERS
LICENSES





Columbia County Property Appraiser Jeff Hampton | Lake City, Florida | 386-756-1083

PARCEL: 17-3S-17-04967-017 | MOBILE HOM (000202) | 1.02 AC
 LOT 17 FIVE POINTS ACRES S/D. ORB 417-445, 448-91, 494-016, 497-160, 676-602-608, 85-738-CA, QC 1121-551, QC 1382-2657,

NOTES:

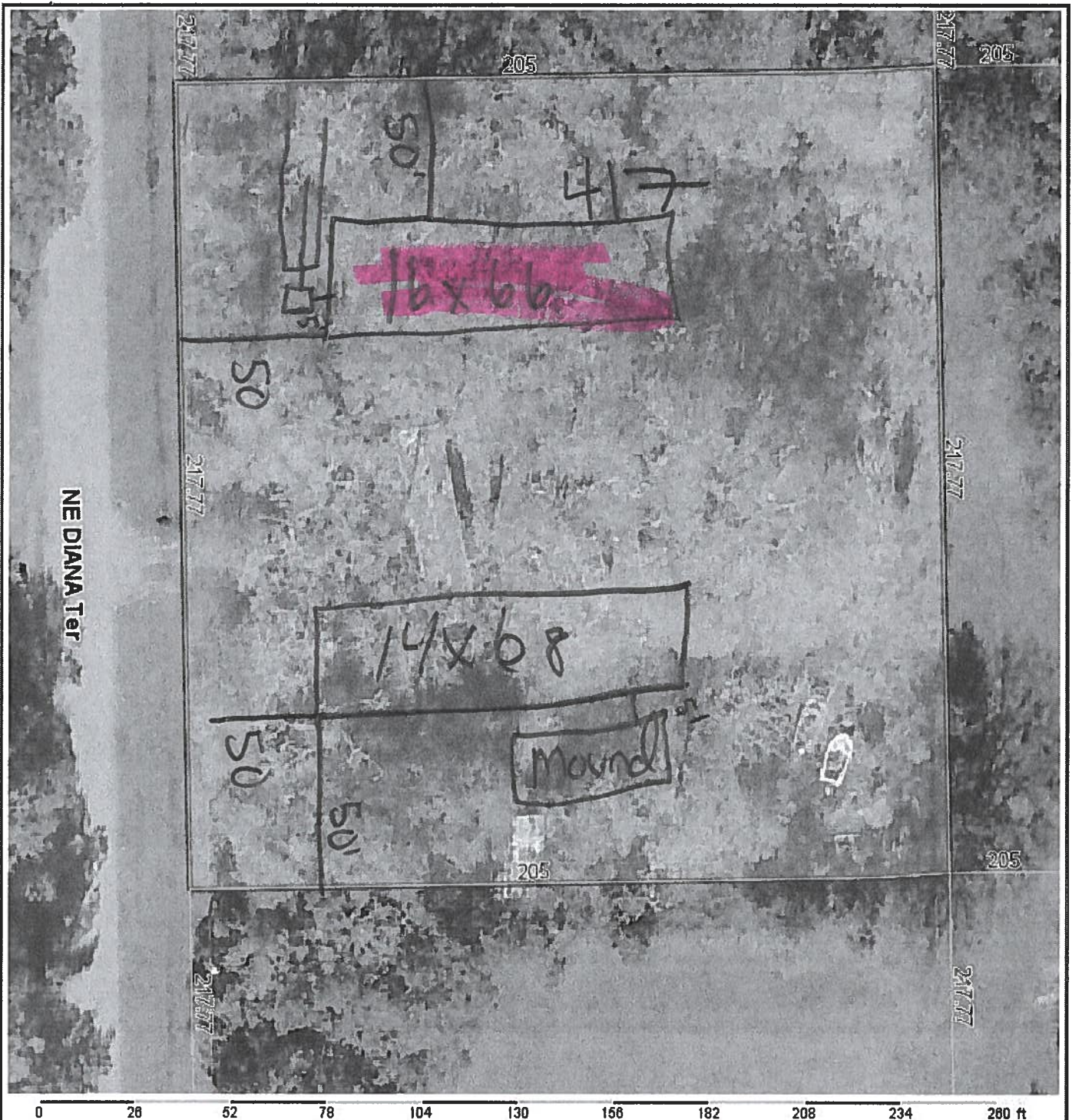
PRICE WILLIAM R		2020 Working Values	
Owner:	3360 150TH PL	Mkt Lnd	\$11,916
	LAKE CITY, FL 32024	Ag Lnd	\$0
Site:	417 DIANA TER, LAKE CITY	Bldg	\$7,344
		XFOB	\$0
Sales Info	4/22/2019 \$100 1(U) 6/7/2007 \$100 1(U)	Just	\$19,260
		Appraised	\$19,260
		Assessed	\$19,260
		Exempt	\$0
		Total Taxable	county:\$19,260 city:\$19,260 other:\$19,260 school:\$19,260



Columbia County, FL

This information, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office.

GrizzlyLogic.com



Columbia County Property Appraiser Jeff Hampton | Lake City, Florida | 386-758-1083

PARCEL: 17-3S-17-04967-017 | MOBILE HOM (000202) | 1.02 AC

LOT 17 FIVE POINTS ACRES S/D. ORB 417-445, 448-91, 494-016, 497-160, 676-602-608, 85-738-CA, QC 1121-551, QC 1382-2657,

PRICE WILLIAM R
 Owner: 3360 150TH PL
 LAKE CITY, FL 32024
 Site: 417 DIANA TER, LAKE
 CITY

Sales 4/22/2019 \$100 I(U)
 Info 8/7/2007 \$100 I(U)

2020 Working Values

Mkt Lnd	\$11,916	Appraised	\$19,260
Ag Lnd	\$0	Assessed	\$19,260
Bldg	\$7,344	Exempt	\$0
XFOB	\$0		
Just	\$19,260	Total	county:\$19,260
		Taxable	city:\$19,260
			other:\$19,260
			school:\$19,260

NOTES:



Columbia County, FL

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GrizzlyLogic.com

OSTDS Final Approval
Page # 1STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

Post Office Box 910 Jacksonville, Florida 32201

Application and Permit

of

Individual Sewage Disposal Facilities

Rotate Left 90°

Rotate Right 90°

Rotate 180°

Default Orientation

Full Size

Close Window

Application/Permit
No. 78-202Columbia County Health Department

Section I - Instructions:

Percolation test data, soil profile and water table elevation information must be attached.

(Note: Test must be made at proposed location of system).

- Existing building and proposed buildings on lot must be shown and drawn to scale at their location or proposed location. (Use block on this sheet or attach plot plan).
- Proposed location of septic tank must be shown on plan.
- Any pond or stream areas must be indicated on the plan.

- Indicate name and date of plat of subdivision. If not platted, attach metes and bounds description.
- Complete the following information section.

Notes:

- Not valid if sewer is available.
- Individual well must be 75 feet from any part of system.
- Call 752-3113 and give this office a 24-hour notice when ready for inspection.

2BRM4

Section II - Information:

- Property Address (Street & House No.)

Lot 17 Block _____ Subdivision Five Points Acres
 Date Platted _____ Directions to Job _____

- Owner or Builder Floyd Johnson & Lillie Mae Johnson
 P.O. Address 190 Wilson City, LA 71
 Septic tank system to be installed by:

A 10

Scale 1" = 50'

(Rear)

- Specifications:

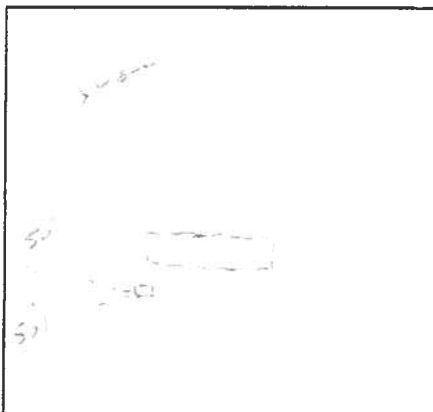
750 gallon tank with
200 square feet of
 drainfield with at least
 4" inside diameter pipe.

- House to be constructed:

Check one: FHA
VA Conventional

This is to certify that the project described in this application, and as detailed by the plans and specifications and attachments will be constructed in accordance with state requirements.

Applicant: Lillie Mae Johnson
 Please Print

(Name of Street or State Road)
(Side)(Name of Street or State Road)
(Side)(Front)
(Name of Street or State Road)

Signature: Floyd Johnson Date: 4-10-78

***** DO NOT WRITE BELOW THIS LINE *****

Section III - Application Approval & Construction Authorization

Installation subject to following special conditions: _____

The above signed application has been found to be in compliance with Chapter 10D-6, Florida Administrative Code, and construction is hereby approved subject to the above specifications and conditions.

By: [Signature] County Health Dept. [Signature] Date 4-10-78

Section IV - Final Construction Approval

Construction of installation approved: Yes NoDate: 4-10-78 By: [Signature]

FHA No. _____ VA No. _____

OSTDS Final Approval
Page # 1

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
DIVISION OF HEALTH
Post Office Box 910 Jacksonville, Florida 32201

Application and Permit
of

Individual Sewage Disposal Facilities

COLUMBIA County Health Department

1984
2nd m/H Proof of
LL OR
for 2nd
home

Rotate Left 90°

Application/Permit

Rotate Right 90°

Rotate 180°

Default Orientation

Full Size

Close Window

Section I - Instructions:

1. Percolation test data, soil profile and water table elevation information must be attached.

(Note: Test must be made at proposed location of system).

2. Existing building and proposed buildings on lot must be shown and drawn to scale at their location or proposed location. (Use block on this sheet or attach plot plan).

3. Proposed location of septic tank must be shown on plan.

4. Any pond or stream areas must be indicated on the plan.

5. Indicate name and date of plat of subdivision. If not platted, attach metes and bounds description.
6. Complete the following information section.

Notes:

1. Not valid if sewer is available.
2. Individual well must be 75 feet from any part of system.
3. Call 755-4100 Ex. 258 and give this office a 24-hour notice when ready for inspection.

4. HOUSE _____ BR MOBILE HOME 2 BR
OTHER _____

Section II - Information:

1. Property Address (Street & House No.)

Lot 17 Block I Subdivision Five Points Acres

Date Platted _____ Directions to Job _____

2. Owner or Builder Lillie & Floyd Johnson

P.O. Address Rt. 8 Box 187

City Lake City

Septic tank system to be installed by:

Power Co. FPL

B&H

Scale 1" = 50'

(Rear)

Occupant: same

3. Specifications:

750 gallon tank with
150 square feet of
drainfield with at least
4" inside diameter pipe.

4. House to be constructed:

Check one: FHA

VA Conventional

This is to certify that the project described in this application, and as detailed by the plans and specifications and attachments will be constructed in accordance with state requirements.

Applicant: Lillie Johnson
Please Print

Signature: Lillie Johnson

Date: 3-16-84

***** DO NOT WRITE BELOW THIS LINE *****

Section III - Application Approval & Construction Authorization

Installation subject to following special conditions:

* The above signed application has been found to be in compliance with Chapter 10D-6, Florida Administrative Code, and construction is hereby approved, subject to the above specifications and conditions.
By: L. M. C. County Health Dept. COLUMBIA Date 3-21-84

Section IV - Final Construction Approval

Construction of installation approved: Yes No

Date: 3-26-84 By: L. M. C.

FHA No. VA No.

Receipt # 14071

SAN 428
REV. 3/75

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME _____

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

NOTE: It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

Use website to confirm licenses: <http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx>

NOTE: If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

ELECTRICAL <input type="checkbox"/>	Print Name <u>William R. Price</u> Signature <u>[Signature]</u> Company Name: <u>Owner</u> License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/A/C <input type="checkbox"/>	Print Name <u>William R. Price</u> Signature <u>[Signature]</u> Company Name: <u>Owner</u> License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/GAS <input type="checkbox"/>	Print Name <u>William R. Price</u> Signature <u>[Signature]</u> Company Name: <u>Owner</u> License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 19-0358
DATE PAID: 4/24/19
FEE PAID: 208.00
RECEIPT #: 1471620

APPLICATION FOR:

☐ New System ☒ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: William K. Price

AGENT: Lida Price or Jessie Shepherd

TELEPHONE: 386-963-4298

MAILING ADDRESS: 3360 120th Pl Lake City FL 32038

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 17 BLOCK: _____ SUBDIVISION: Five Points Acres PLATTED: _____

PROPERTY ID #: 17-3S-17-04947-017 ZONING: RSF-MH-2 I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 1.02 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 417 Diana Ter Lake City FL

DIRECTIONS TO PROPERTY: NW Main Blvd to NE Tammy Lane (R) Follow to NE Diana Ter (R) Property on left

BUILDING INFORMATION

☐ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	existing SW MH	2	624	
2	Proposed SW MH	2	1056	
3				
4				

☒ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature]

DATE: 4/24/19

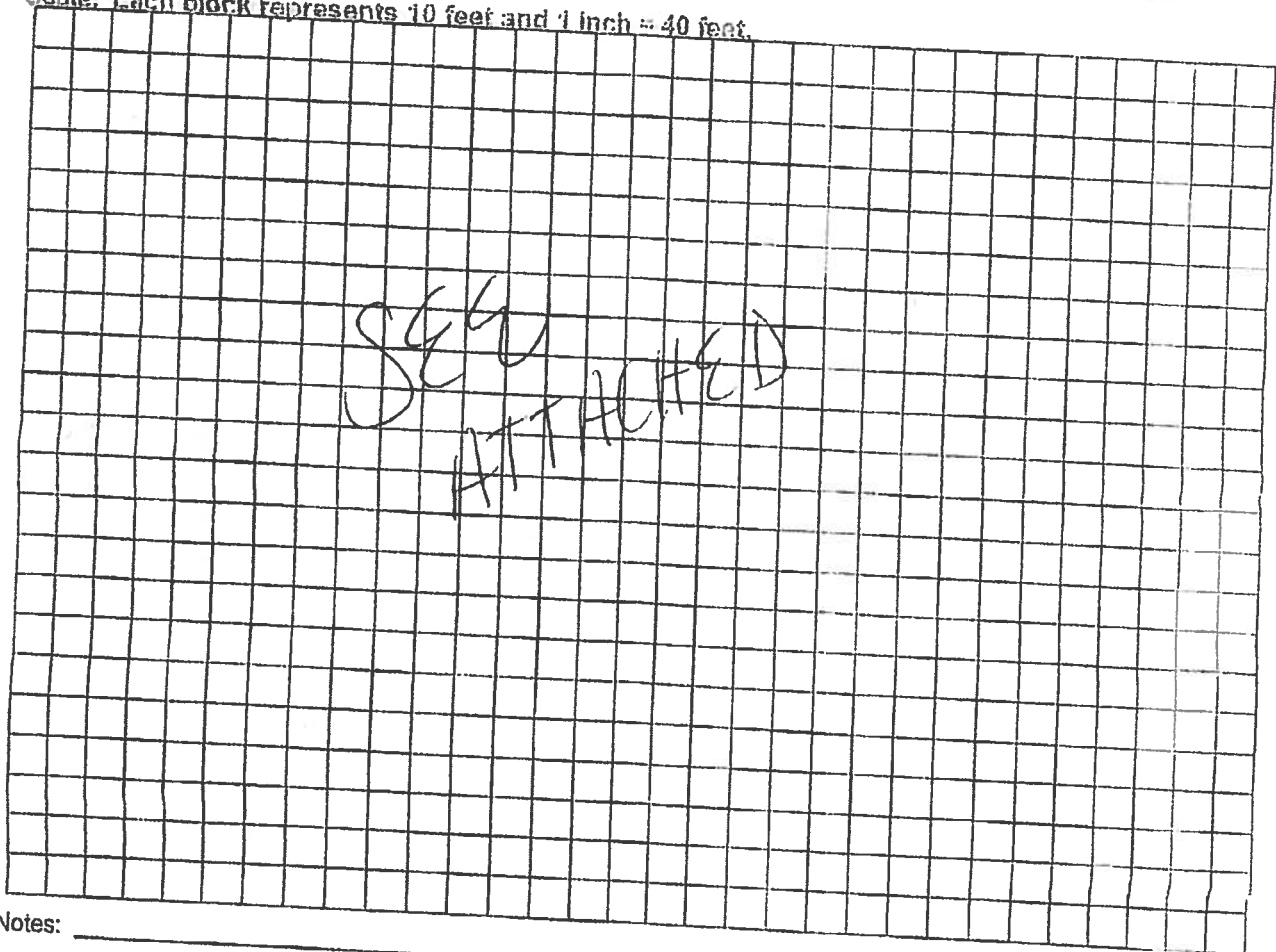
DH 4015, 08/05 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 19-0358

----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: Ida R. Hill

Plan Approved ☒

Not Approved ☐

By: EST

Columbia

Date 4-26-19
5/8/19

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

19-8358

N
Scale 1"=40'
↑

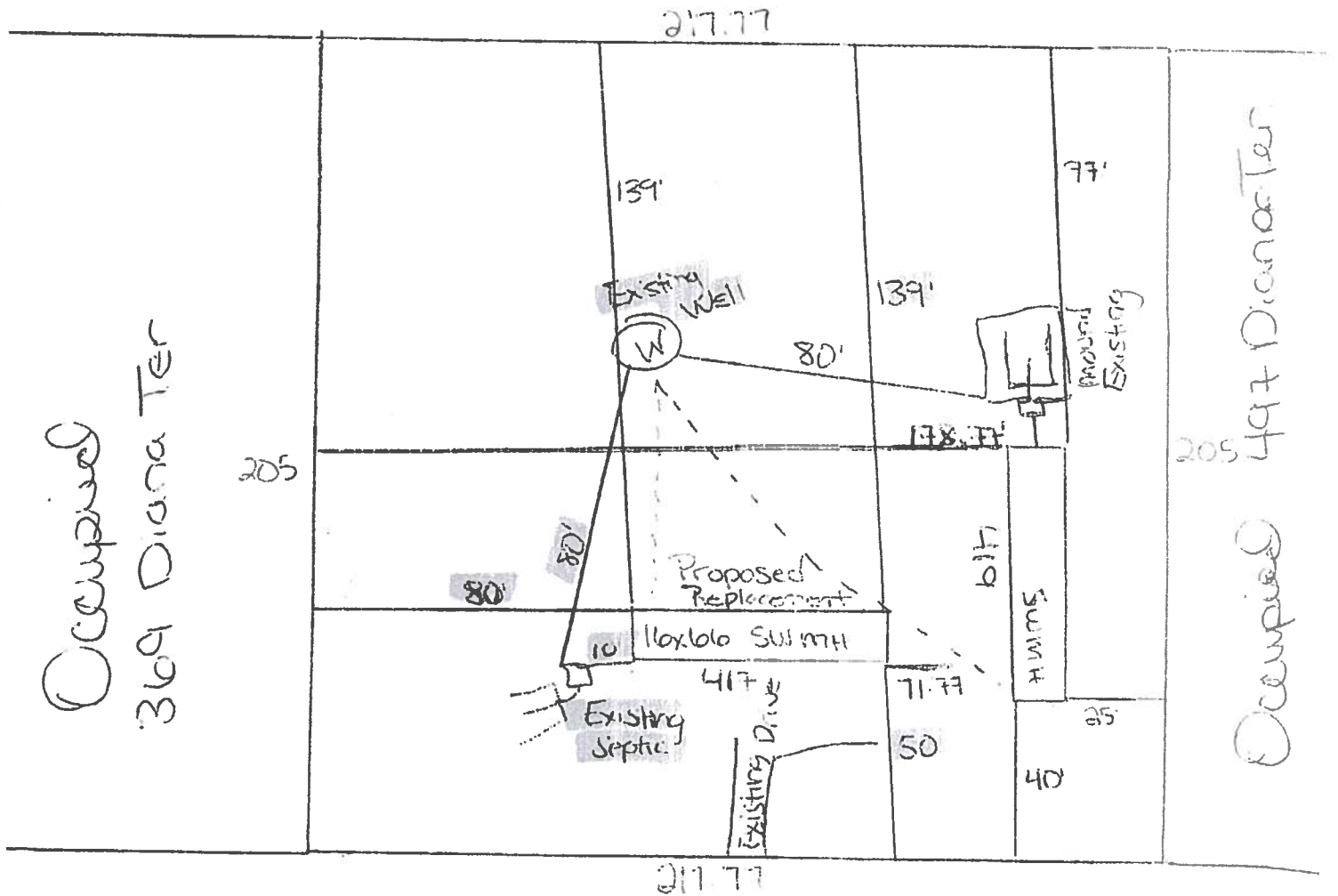
William Price
417 Dianna Terrace
Lake City, FL

17-35-17-04961-017 parcel #

Site Plan

Coba Price
4/26/19

No well or septic
with in 75'



Diana Terrace



COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, William R. Price, give this authority and I do certify that the below
Installers Name

referenced person(s) listed on this form is/are under my direct supervision and control and
is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Agents Company Name
Jessie Shepard		Price Rite Enterprise Inc.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

License Holders Signature (Notarized) 14-1041936 5/15/19
License Number Date

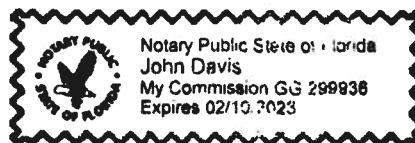
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is William R. Price,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 15 day of May, 2019.

NOTARY'S SIGNATURE

(Seal/Stamp)



COMPLIANCE CERTIFICATE

0986

30. **PROFESSOR L. CARL HANSEN AND RAGNAR UNG** *Designing*

July 2001 to 2003

This machine frame is designed to comply with the federal machine frame safety standard in force at the time of manufacture.

File Name: *Unlabeled* (unlabeled) 10/1/11

A hand-drawn map of the United States, showing the outlines of the states. The map is drawn with dark ink on a light-colored background. It includes the contiguous United States and Alaska, but Hawaii is not shown. The map is oriented with North at the top.

The above findings supported by the capacity to produce a large amount of energy in the form of glucose, which can be used for various purposes, and to produce energy in the form of glucose, which can be used for various purposes, and to produce energy in the form of glucose, which can be used for various purposes.

ABSTRACT: The authors present a method of

There are a number of ways to get the most out of your presentation. First, make sure you have a clear objective for your presentation. What do you want to achieve? Next, know your audience. What are their interests and needs? Then, prepare your content carefully. Use clear, concise language and support your points with evidence. Finally, practice your presentation. Rehearse your speech and anticipate questions. By following these steps, you can ensure your presentation is effective and impactful.

[illegible]

Abstracts of the papers presented at the 1994 Annual Meeting of the American Society for the Advancement of the Science of the Study of the History of the United States, held at the University of California, San Diego, on November 11-12, 1994.

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The author is grateful to the anonymous referees for their helpful comments and suggestions.

The following information was obtained from the records of the State Department regarding the activities of the American Friends Service Committee (AFSC) during the period from 1940 to 1945.

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0893-3200/94/0905-00\$05.00/0
DOI: 10.1037/0893-3200.9.5.05

It is a pleasure to have you here today. We are very proud of the work you have done and the results you have achieved. We hope you will continue to work hard and achieve even greater success in the future.

Account	Amount	Balance
For cash	100.00	100.00
To cash	100.00	200.00
By cash	100.00	100.00
For cash	100.00	200.00
To cash	100.00	300.00
By cash	100.00	200.00
For cash	100.00	300.00
To cash	100.00	400.00
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By cash	100.00	2800.00
For cash	100.00	2900.00
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By cash	100.00	2900.00
For cash	100.00	3000.00
To cash	100.00	3100.00
By cash	100.00	3000.00
For cash	100.00	3100.00
To cash	100.00	3200.00
By cash	100.00	3100.00
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To cash	100.00	3400.00
By cash	100.00	3300.00
For cash	100.00	3400.00
To cash	100.00	3500.00
By cash	100.00	3400.00
For cash	100.00	3500.00

DESIGN ROOM
LOAD BONE MAP

王
 王
 王
 王



STATIONARY, 2000
FURNACE, 1000

1. The first step is to identify the problem. This involves understanding the situation and the goals that need to be achieved.

INFORMATION PROVIDED BY THE MANUFACTURER
NECESSARY TO CALCULATE BENEFITS MUST OBTAIN

CALCULATE BENDING PERCENT	
1. Allow for deflection due to weight	1.00
2. Allow for deflection due to live load	1.00
3. Allow for deflection due to impact	1.00
4. Allow for deflection due to temperature	1.00
5. Allow for deflection due to shrinkage	1.00
6. Allow for deflection due to creep	1.00
7. Allow for deflection due to settlement	1.00
8. Allow for deflection due to torsion	1.00
9. Allow for deflection due to lateral movement	1.00
10. Allow for deflection due to other factors	1.00
Total	10.00